

Case Number:	CM15-0129417		
Date Assigned:	07/16/2015	Date of Injury:	08/02/2007
Decision Date:	08/19/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old male who sustained an industrial injury on 8-2-07. Diagnoses are bilateral lumbar radiculopathy, failed back surgery syndrome, L4-S1 fusion, lumbar post laminectomy syndrome, and neuropathic pain. In a progress report dated 5-4-15, the primary physician notes the injured worker complains of bilateral low back pain radiating to the buttocks, bilateral posterolateral thigh and calves and feet with numbness and parasthesias. Current medications are Relafen, Vicodin, and Pristiq. Prior medications are Serevent, Oxycontin, Norco, and Temazepam. Exam note tenderness to palpation of the lumbar paraspinal muscles. Range of motion of the lower extremities is restricted by pain in all directions. Lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive bilaterally. The injured worker has disturbed sleep cycles and the Ambien provides an additional 4 hours of sleep for a total of 6-7 hours per night with improvement of his activities of daily living. He shows no aberrant behavior and no adverse effects. Without the medication, his sleep is broken and lasts about 60 minutes at a time. The Norco provides 50% improvement of his pain with 50% improvement of his activities of daily living and it enables him to work full time with full duty. He is up to date on his pain contract and the prior urine drug screening is consistent with no aberrant behaviors. The requested treatment is Norco 5-325 mg, quantity of 90 and Zolpidem 10 mg, quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5/325 mg Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines note that opioids may be continued if there is evidence of subjective and objective functional improvement. In this case, the medical records note that the injured worker is able to continue working full time full duty. There is no evidence of abuse or diversion. Urine drug screens have been appropriate and the injured worker has a pain contract as recommended by the MTUS guidelines. The current morphine equivalent dosage is less than the ceiling recommended by the MTUS guidelines. The request for Norco is therefore supported. The request for Norco 5/325 mg Qty 90 is medically necessary and appropriate.

Zolpidem 10 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Zolpidem (Ambien).

Decision rationale: As noted in ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Per ODG, these medications can be habit-forming, and they may impair function and memory more than opioid pain relievers. ODG also notes that according to SAMHSA, Zolpidem is linked to a sharp increase in ED visits, so it should be used safely for only a short period of time. The request for Zolpidem is not supported for long-term use and therefore the request for Zolpidem 10 mg Qty 30 is not medically necessary and appropriate.